(Print Name of lobbyist)

#### STATE OF NEW HAMPSHIRE

#### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## **RECEIVED**

JAN 2 9 2019

PLEASE PRINT

I. Name of Lobbyis	t(s) Cate Paolino	)		NEW HAMPSHIRE DEPARTMENT OF STAT
II. Name of lobbyis	t's partnership, firm	or corporation, if any	:	
	-	ual insurance Com		
	ame of partnership, firm			
3601 Vincenne	es Road	Indianapolis	IN	46268
Business Address: (	Street)	(Town/City)	(State)	(Zip Code)
(508) 431-048 (Telephone)	4 (	)(Fax)	e-mail lobbying@	Paristotle.com
reportable expense	transactions which a	re not attributable to		nay file a separate report for the following client:
		nsurance Companie	<u> </u>	
OR All reportable tra unrelated to any part		ist (including the lobby	ist's family), or the lobbyi	ng firm listed below which are
IV. Date of Report Reports cover: act	April 25, 2018 [		July 25, 2018 activity from 4/1/18 to 6/30/1	18
	October 31, 2018 activity from 7/1/18 to	- <del>-</del>	January 30, 2019 activity from 10/1/18 to 12/3	
	l, complete just this for		ransactions made since Secretary of State's Office,	
	onal reports are attac		Addendum A- Fees and	Evnoncos
If you have paid Expense Reimburser	an honorarium or rein	nbursed expenses, you	must file <b>Addendum B</b> – R	eport of Honorariums or
If you, your firm	i, or your family has m	ade political contributi	ons, you must file Addend	lum C- Political Contributions
I have read RSA 15,	RSA 15-B, RSA 14-Copest of my knowledge	and RSA 664 and here	eby swear or affirm that the	e foregoing information is true
Signature of lobbyi	est)			ate)
Cate Paolino				

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."					
(If more than three contributions were made, report additional contributions on separate addendum C forms.)					
Sworn Statement/Affirmation by Lobbyist					
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.					
(Signature of lobbyist) // (Date)					
Cate Paolino					
(Print Name of lobbyist)					

# LEASE PRINT

### STATE OF NEW HAMPSHIRE

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(RSA Chapter 15:6)

I. Name of Lobbyist(s) Cate Paolino	
II. Name of lobbyist's partnership, firm or corporation, if any:	
National Association of Mutual insurance Companies (NAMIC)	
(Name of partnership, firm or corporation)	
III. Name of ClientNational Association of Mutual insurance Companies (NAMIC)	<sub>Date</sub> 1/23/2019
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 9617.56 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid xpenses; (b) the aggregate total of alle: meals purchased during a business st than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, purchase of a trans \$25, but not greater than \$50, expense reimbursement, or political
support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$14.70
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 119.90

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$553.83
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Personal car mileage	\$ <u>119.90</u>
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Maoline	1/28/19
(Signature of lobbyist)	(Date)
Cate Paolino	
(Print Name of lobbyist)	

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation:
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to an
particular client):
Date of Report (check one):
April 25, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, an the following Addendums submitted with that Statement (insert the number of Addendum forms bein submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  Signature of lobbyist)    Addition
Cate Paolino
(Print Name of lobbyist)



## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

rtnership, firm or cor	poration, if any:	
tual Insurance Companies	(NAMIC)	
al Association of Mutual In	surance Companies (NAI	MIC) Data 1/23/2019
		, Date
		ter 664 paid on behalf of the
ng mm, maleate the 10	nowing.	
Dandle		
·		(Middle Name/Initial)
· ·	(rirst Name)	(Middle Name/Initiar)
250	Office Candidate is	Seeking <u>Senate</u>
	D	
(Last Name)	(First Name)	
(Sast : lattic)		(Middle Name/Initial)
250	•	(Middle Name/Initial)
250	Office Candidate is	•
aind contribution, provide	Office Candidate is	
ind contribution, provide ntribution on the line above	Office Candidate is	Seeking Senate s or services provided, and enter the
ind contribution, provide ntribution on the line above	Office Candidate is	Seeking Senate s or services provided, and enter the
ind contribution, provide ntribution on the line above	Office Candidate is	Seeking Senate s or services provided, and enter the
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ind contribution, provide ntribution on the line above	Office Candidate is	Seeking Senate s or services provided, and enter the
ind contribution, provide ntribution on the line above	Office Candidate is	Seeking Senate s or services provided, and enter the
	al Association of Mutual In  ution that is reportable ing firm, indicate the fo  Bradley  (Last Name)  250  cind contribution, provide ntribution on the line about the word "estimate."	al Association of Mutual Insurance Companies (NAI ution that is reportable pursuant to RSA Chaping firm, indicate the following:  Bradley  (Last Name)  (First Name)  250  Office Candidate is tind contribution, provide a description of the good ntribution on the line above for amount of contribution the word "estimate."